

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LHEAP) APPLICATION FOR ASSISTANCE

Application is not complete without applicant signature on page 1.

Type of assistance you are applying for: (Check one)

Energy Assistance Crisis Assistance

Have you received assistance under the LHEAP program since July 1, 2016 through any TN LHEAP Agency? (circle) Yes No If yes, which agency provided assistance? _____

For Agency Office Use Only	
DATE APPLICATION RECEIVED: _____	DATE APPLICATION COMPLETED: _____
APPLICATION STATUS: APPROVED DENIED	

Applicant Name: _____

Telephone: Call: _____

Current Address: _____

City: _____

State: _____

Zip: _____

County: _____

Mailing Address (if different from Current Address): _____

City: _____

State: _____

Zip: _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE.												
NAME (must provide first and last name)	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	HIGHEST GRADE OF SCHOOL COMPLETED	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	RECEIVE FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME, FAMILY FIRST CASH ASSISTANCE (INDICATE ANY RECEIVING)
Household Member:												
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	
Household Member:									Y or N	Y or N	Y or N	

FAMILY TYPE (check one)

DECLARATION OF DISABILITY

(Please use additional paper if more space is needed)

Single Parent Female ☐

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

Single Parent Male ☐

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

2 Parent Household ☐

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

Single Person Female (no children) ☐

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

Single Person Male (no children) ☐

NAME OF HOUSEHOLD MEMBER AND PLEASE STATE PERMANENT DISABILITY:

More Than One Adult (no children) ☐

DOES HOUSEHOLD MEMBER HAVE A SIGNED MEDICAL STATEMENT THAT REQUIRES LIFE SUPPORT EQUIPMENT? (circle) YES NO

* NOTE 1: ASSISTANCE WILL BE DENIED DUE TO AN APPLICANT'S REFUSAL TO FURNISH ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY NUMBERS AND VERIFICATION *

NOTE 2: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD AGE 18 OR OLDER

(complete both pages)

